MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

07250

CERTIFICATE OF DEATH

Reg. Dist. No. 190

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH
COUNTY: Howard — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Elkridge (rural)
LENGTH OF STAY (In this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland — COUNTY: Howard
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Elkridge
STREET ADDRESS (If rural, give location): St. Stephens

3. NAME OF DECEASED (Type or Print) (First) (Middle) (Last): Horace Blackstone, Sr.

4. DATE OF DEATH (Month) (Day) (Year): 7-2-50 19

5. SEX: Male

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widower

8. DATE OF BIRTH: 6-30-1860

9. AGE last birthday: 90 yrs. — If under 1 year: Months / Days / If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired - Private home

10b. KIND OF BUSINESS OR INDUSTRY: Waiter

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Horace Blackstone

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No

16. SOCIAL SECURITY NO.: ?

17. INFORMANT AND ADDRESS: Maude Pierson, Elkridge, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

422.1 93d

Immediate cause (a): Myocardial insuff — 6 mo

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b): General arterio-sclerosis — 10 Yrs
(c): senility & Infirmities of age

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.: none

19a. DATE OF OPERATION: none

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): no

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan, 19 44, to July 2 19 50 that I last saw the deceased alive on July 1, 19 50, and that death occurred at 1 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title): Dr. F. Bernard Brandt — ADDRESS: 1609 Main St Elkridge — DATE SIGNED: 7-3-50

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	7-5-50	Blackstone	Elkridge, Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
July 5, 1950	Miss E. Bird Williams	F.C. Higinbothom	Ellicott City, Md.

52086

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JUL 10 1950
BUREAU V. R.

Permit #19

07251

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 191

1. PLACE OF DEATH: COUNTY Howard MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Howard
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Ellicott City — LENGTH OF STAY (in this place) All life	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Ellicott City
HOSPITAL OR INSTITUTION OR STREET ADDRESS	STREET ADDRESS (If rural, give location) Frederick Road

3. NAME OF DECEASED (Type or Print)	(First) THOMAS	(Middle) BENJAMIN	(Last) BROWN	4. DATE OF DEATH	(Month) July (Day) 14 (Year) 1950
5. SEX Male	6. COLOR OR RACE Colored	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single	8. DATE OF BIRTH Jan. 18, 1950	9. AGE last birthday yrs.	If under 1 year Months 5 Days 26 If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None	10b. KIND OF BUSINESS OR INDUSTRY None	11. BIRTHPLACE (State or foreign country) Maryland — Balto. City	12. CITIZEN OF WHAT COUNTRY? U. S.		
13. FATHER'S NAME Dorsey Kelley	14. MOTHER'S MAIDEN NAME Jean Brown				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	16. SOCIAL SECURITY No. None	17. INFORMANT Jean Brown (Mother)			

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

391.0 Immediate cause (a) Acute otitis media, right

89a Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☒ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at work ☐ Not while at work ☐ | HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☒, Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) R. S. Fisher · M.D. ADDRESS 700 Fleet St. Balto. DATE SIGNED July 14, 1950

23. BURIAL, CREMATION REMOVAL (Specify) Burial	DATE THEREOF 7-15-50	NAME OF CEMETERY OR CREMATORY Locust Chapel	LOCATION (City, town, or county) (State) Atholton Howard Co Md
DATE REC'D BY LOCAL REG. 7-15-50	REGISTRAR'S SIGNATURE John B. Loughran.	24. FUNERAL DIRECTOR F. C. Higinbothom	ADDRESS Ellicott City Md

2-0-1-18-0-15-1-40-5 Pu. B. E. L.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

M C I T

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JUL 27 1960
BUREAU P. R.

07252

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 192

1. PLACE OF DEATH: COUNTY HOWARD MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Woodstock
LENGTH OF STAY (in this place) 30 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS Cavey's Tavern

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MARYLAND COUNTY BALTIMORE
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN GRANITE
STREET ADDRESS (If rural, give location) ACME AVE

3. NAME OF DECEASED (Type or Print) (First) JOSEPH (Middle) HENRY (Last) KLEIN
4. DATE OF DEATH (Month) 7 (Day) 2 (Year) 1950
5. SEX M
6. COLOR OR RACE W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH 7-5-1899
9. AGE last birthday 50 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) CARPENTER
10b. KIND OF BUSINESS OR INDUSTRY GENERAL
11. BIRTHPLACE (State or foreign country) GRANITE Md.
12. CITIZEN OF WHAT COUNTRY? US
13. FATHER'S NAME JOHN L KLEIN
14. MOTHER'S MAIDEN NAME JULIA F. NASH
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If yes, give war or dates of service) WW 1
16. SOCIAL SECURITY No. 216-01-6966
17. INFORMANT MRS. M.J. NYSTRAND, GRANITE Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) CALCIFIC AORTIC STENOSIS

420.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) CORONARY ARTERY SCLEROSIS

168

(c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION none
19b. MAJOR FINDINGS OF OPERATION none
20. AUTOPSY? Yes ☒ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☑ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) TAVERN
(CITY OR TOWN) Woodstock (COUNTY) Howard (STATE) Md
TIME OF INJURY (Month) 7 (Day) 1 (Year) 50 (Hour) 11:30 a.m.
INJURY OCCURRED While at work ☐ Not while at work ☑
HOW DID INJURY OCCUR? died following altercation in Tavern.

22. *I certify that I took charge of the remains described above, held an Autopsy ☑, Inspection ☑, Inquiry ☑ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE Stanley H. Durlacher, MD. (Degree or title) Asst med. Examiner of Maryland ADDRESS 700 Fleet St, Baltimore 2 DATE SIGNED 7/2/50

23. BURIAL, CREMATION REMOVAL (Specify) BURIAL
DATE THEREOF 7-5-50
NAME OF CEMETERY OR CREMATORY METHODIST
LOCATION (City, town, or county) GRANITE (State) MD.
DATE REC'D BY LOCAL REG. 7/4/50
REGISTRAR'S SIGNATURE Edward F. Cavey Sub Reg 3rd Dist
24. FUNERAL DIRECTOR F.S. HIGINBOTHOM, ADDRESS ELLICOTT CITY Md.

308V9

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

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JUL 10 1980
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

07253

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 198

1. PLACE OF DEATH: COUNTY Howard; STATE MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Ilchester; LENGTH OF STAY (In this place) 3 years; HOSPITAL OR INSTITUTION OR STREET ADDRESS Rural #5

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Howard; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Ilchester; STREET ADDRESS (If rural, give location) Rural #5

3. NAME OF DECEASED (Type or Print): (First) ALBERT (Middle) NOTION (Last) McDANIEL

4. DATE OF DEATH: (Month) July (Day) 17 (Year) 1950

5. SEX: male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): widowed

8. DATE OF BIRTH: Oct 7-1876

9. AGE last birthday: 73 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Carpenter

10b. KIND OF BUSINESS OR INDUSTRY: Construction

11. BIRTHPLACE (State or foreign country): Virginia

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Joshua McDaniel

14. MOTHER'S MAIDEN NAME: Sarah Jane Bowers

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If year, give war or dates of service)

16. SOCIAL SECURITY NO.: 226-12-3694

17. INFORMANT AND ADDRESS: A. Bailey McDaniel, Mt. Airy, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) ACUTE CORONARY OCCLUSION	1 HOUR
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) DIABETES MELLITUS	1 YEAR
	(c) ARTERIOSCLEROTIC HEART DISEASE	3 YEARS

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

420.0 61 260X

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 12, 1950, to July 17, 1950, that I last saw the deceased alive on July 17, 1950, and that death occurred at 1:00 p.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Ralph L. Nicholson, M.D. ADDRESS Damascus, Maryland DATE SIGNED 7/18/50

23. BURIAL, CREMATION, REMOVAL (Specify) Burial; DATE 7/20/50; NAME OF CEMETERY OR CREMATORY Hanover Cemetery; LOCATION (City, town, or county) Roanoke, Virginia (State)

DATE REC'D BY LOCAL REG. 7/18/50; REGISTRAR'S SIGNATURE E. Pearl Mervis, Lisbon, Md.

24. FUNERAL DIRECTOR C. C. Hartsock & Sons; ADDRESS Union Bridge & New Windsor, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A151

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07254

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No.....

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH: COUNTY Howard — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN near Long Corners Rural
LENGTH OF STAY (in this place) 4 months
HOSPITAL OR INSTITUTION OR STREET ADDRESS Mullinix Mill Road 1½ miles east of Long Corners

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Howard
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Near Long Corners
STREET ADDRESS (If rural, give location) R. F. D. #5 Mt. Airy

3. NAME OF DECEASED (Type or Print): (First) CHARLES (Middle) (Last) SCOTT
4. DATE OF DEATH: (Month) July (Day) 24 (Year) 1950

5. SEX: Male
6. COLOR OR RACE: Colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single
8. DATE OF BIRTH: 1891
9. AGE last birthday: 59 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farm laborer
10b. KIND OF BUSINESS OR INDUSTRY: Farm
11. BIRTHPLACE (State or foreign country):
12. CITIZEN OF WHAT COUNTRY? U. S.

13. FATHER'S NAME:
14. MOTHER'S MAIDEN NAME:

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: 220-24-0499
17. INFORMANT: State Trooper Bert Hammersmith

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

812.5 **Immediate cause** (a) Compound fracture of skull

170 C **Antecedent cause(s)** Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Subdural hematoma, right

(c) Acute alcoholism

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Bilateral pulmonary tuberculosis

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☒ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY State Road
(CITY OR TOWN) Near Long Corners (COUNTY) Howard (STATE) Maryland
TIME OF INJURY (Month) (Day) (Year) (Hour) 7/24/50 4:30 A.m.
INJURY OCCURRED While at work ☐ Not while at work ☒
HOW DID INJURY OCCUR? Struck by hit and run auto

22. *I certify that I took charge of the remains described above, held an Autopsy ☒, Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.*

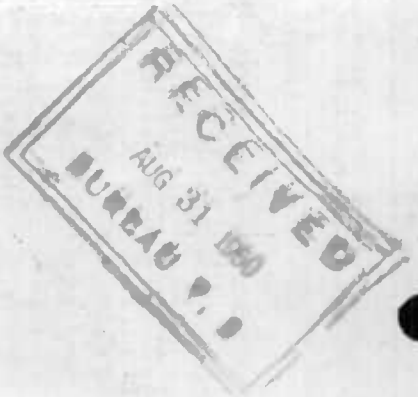
SIGNATURE (Degree or title) ADDRESS DATE SIGNED
Stanley H. Duncanson M.D. 700 Fleet St., Balto., Md. July 25, 1950

23. BURIAL, CREMATION REMOVAL (Specify) | DATE THEREOF | NAME OF CEMETERY OR CREMATORY: Anatomy Board | LOCATION (City, town, or county) (State)

DATE REC'D BY LOCAL REG. 8-31-50 | REGISTRAR'S SIGNATURE: C. W. Hedrick | 24. FUNERAL DIRECTOR: University of Md. | ADDRESS

86649

VS. A15A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BUREAU

07255

195

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 33

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

I

VS..A15

1. PLACE OF DEATH: COUNTY ~~Carroll~~ Howard MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Oakland Mills
LENGTH OF STAY (in this place) 56 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS Oakland Road

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY ~~Carroll~~ Howard
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Oakland Mills
STREET ADDRESS (If rural, give location) Oakland Road

3. NAME OF DECEASED (Type or Print): (First) Raymond (Middle) Herbert (Last) Shipley

4. DATE OF DEATH: (Month) July (Day) 17 (Year) 1950

5. SEX: M

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): M

8. DATE OF BIRTH: May 1 1891

9. AGE last birthday: 59 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Textile Worker

10b. KIND OF BUSINESS OR INDUSTRY: Woolen Mills

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Wm Shipley

14. MOTHER'S MAIDEN NAME: Elmira Hodges

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If year, give war or dates of service): —

16. SOCIAL SECURITY No.: 214-03-3730

17. INFORMANT AND ADDRESS: Mrs Lillian Shipley Oakland MillsMd

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Coronary Thrombosis — Interval Between Onset and Death: two hours

420.1 Antecedent cause(s)

94a Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Angina Pectoris — 3 yrs

(c) Hypertension — 3 yrs

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1-1-50, to 7-17-50, that I last saw the deceased alive on 7-16-50, and that death occurred at 2 A m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

James L. Safell M.D. Rustenburg Md 7-17-50

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE: July 20 1950
NAME OF CEMETERY OR CREMATORY: Old Oakland Cemetery
LOCATION (City, town, or county) (State): ~~Towson~~ Carroll County Md

DATE REC'D BY LOCAL REG. 7-17-50

REGISTRAR'S SIGNATURE: ~~Mary B. Eline~~

24. FUNERAL DIRECTOR: Wm Berryman & Sons ADDRESS: Reisterstown Md

DR. FRANK Shipley

496 V

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JUL 19 1950
BUREAU V. S.

07256

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 194

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A

1. PLACE OF DEATH: COUNTY Howard; STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural near Clarksville; LENGTH OF STAY (In this place) all life
HOSPITAL OR INSTITUTION OR STREET ADDRESS farm of Morris Nichols

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Howard
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Highland
STREET ADDRESS (If rural, give location) none

3. NAME OF DECEASED (Type or Print): (First) JOHN (Middle) FRANCIS (Last) SULLIVAN
4. DATE OF DEATH: (Month) 7 (Day) 1 (Year) 1950
5. SEX: Male
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: 6-20-1902
9. AGE last birthday: 48 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): CIVIL ENGINEER
10b. KIND OF BUSINESS OR INDUSTRY: HOUSE CONSTRUCTION
11. BIRTHPLACE (State or foreign country): WASHINGTON, D.C.
12. CITIZEN OF WHAT COUNTRY? U.S.
13. FATHER'S NAME: DANIEL J. SULLIVAN
14. MOTHER'S MAIDEN NAME: LULA WELLNER
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)
16. SOCIAL SECURITY No.: 578-12-5849
17. INFORMANT: Martin BURKE SULLIVAN (SON)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Drowning	
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	
	(c)	

1298
183

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: None
19b. MAJOR FINDINGS OF OPERATION: None
20. AUTOPSY? Yes X No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY Swimming Pool (CITY OR TOWN) Nr. Clarksville (COUNTY) Howard (STATE) Md.
TIME OF INJURY (Month) 7 (Day) 1 (Year) 1950 (Hour) 6:15 P.M.
INJURY OCCURRED While at work ☐ Not while at work ☒
HOW DID INJURY OCCUR? Dived into pool swam a short distance and disappeared

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE George E. Burgtorf (Degree or title) M.D. ADDRESS Ellicott City, Md. DATE SIGNED 7-1-50
DEPUTY MEDICAL EXAMINER OF HOWARD COUNTY

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF: July 5 1950
NAME OF CEMETERY OR CREMATORY: Cedar Hill
LOCATION (City, town, or county) (State): Suitland Md

DATE REC'D BY LOCAL REG. 7-2-50
REGISTRAR'S SIGNATURE: Marie A. Whitaker
24. FUNERAL DIRECTOR ADDRESS: Warner & Dunphrey Inc.

V1609

JUL 5 1950
BUREAU

MARYLAND STATE DEPARTMENT OF HEALTH

07257

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 1.9.1.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-A15A

1. PLACE OF DEATH: COUNTY Howard; STATE MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Elliott City Rural; LENGTH OF STAY (in this place) 35 yr.; HOSPITAL OR INSTITUTION OR STREET ADDRESS Waterloo Rd.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md.; COUNTY Howard; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Elliott City; STREET ADDRESS (If rural give location) Waterloo Rd

3. NAME OF DECEASED (Type or Print): (First) Edith (Middle) ALBERTA (Last) WILLIAMS

4. DATE OF DEATH: (Month) 7 (Day) 29 (Year) 1950

5. SEX: f.

6. COLOR OR RACE: W.

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 7-12-1910

9. AGE last birthday: 40 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: own home

11. BIRTHPLACE (State or foreign country): West Virginia

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: OTHER S. DASHER

14. MOTHER'S MAIDEN NAME: ZELLA R. JUDY

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. 212-03-0971

17. INFORMANT: ERNEST B. WILLIAMS

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

331X Immediate cause (a) Cerebral Hemorrhage — Interval Between Onset and Death: Instant

83a Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Hypertension — 1 year

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None

19a. DATE OF OPERATION: None

19b. MAJOR FINDINGS OF OPERATION: None

20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

PLACE OF INJURY (Home, farm, factory, street, office Bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Deputy Med. Examiner Howard Co. George E. Burtorf M.D. Elliott City, Md 7-29-50

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE THEREOF 8/1/50. — NAME OF CEMETERY OR CREMATORY St. John's Lutheran Cemetery — LOCATION (City, town, or county) (State) Pfeiffers Corner, Md.

DATE REC'D BY LOCAL REG. 7-31-1950 — REGISTRAR'S SIGNATURE John B. Loughman. (Per. B. E. L.) — 24. FUNERAL DIRECTOR Easton Sons — ADDRESS Elliott City, Md.

RECEIVED
AUG 2 1950
BUREAU V. S